

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020570

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 160Primary Registration District No. 3020Registrar's No. 80

STATE FILE NUMBER

FILED MAY 28 1963

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFF.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FESTUS		c. CITY OR TOWN FESTUS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 803 VALENTINE FESTUS		d. STREET ADDRESS (If outside, give location) 803 VALENTINE, ST.	
3. NAME OF DECEASED (Type or print) First DAVID Middle D. Last PROBST		4. DATE OF DEATH Month 5 Day 18 Year 63	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-23-79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY FARMER	
11a. FATHER'S NAME JACOB PROBST		11b. MOTHER'S MAIDEN NAME PRISCILLA BARKS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. ***	
17. INFORMANT THARA PROBST FESTUS, MO.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from July 7, 1963 to last and last saw him live on May 17, 1963 Death occurred at 10:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. J. Marfield M.D.		22b. ADDRESS Crystal City, Mo.	
22c. DATE SIGNED 5/21/63		22d. LOCATION (City, town, or county) CRYSTAL CITY, MO.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-22-63	
23c. NAME OF CEMETERY OR CREMATORY ROSELAWN GARDEN		23d. LOCATION (City, town, or county) CRYSTAL CITY, MO.	
24. FUNERAL DIRECTOR GENTRY R. POLITTE		25. DATE RECD. BY LOCAL REG. 5-22-63	
26. REGISTRAR'S SIGNATURE June G. Soggin		27. ADDRESS CRYSTAL CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

10506

20506

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1963 MAY 29 1963

STATE OF MISSOURI
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
ST. LOUIS, MISSOURI 63101

DATE OF DEATH: 5-18-63
TIME OF DEATH: 10:33-39
PLACE OF DEATH: HOME, 1000 E. 10TH ST.
CAUSE OF DEATH: HEART DISEASE
MANNER OF DEATH: NATURAL

DECEASED: JACOB THOMAS
FATHER: DAVID
MOTHER: EMMA

EMBALMER: THOMAS PROBST
ST. LOUIS, MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Emory B. Plitte

Licensed Embalmer No. 3481

P. O. Address Crystal City - Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.